

PSIWORLD 2014

## Perceived stress and strategic approach to coping among health professionals in private practice

Barbara Crăciun, Petru Mihai Craiovan, Andra Crăciun\*

*Titu Maiorescu University, Faculty of Psychology, Calea Văcărești nr.187, sector 4, Bucharest, 040051, Romania*

---

### Abstract

This research was focused on a sample of Romanian health professionals ( $N = 60$ ;  $M_{age} = 38.9$   $SD = 7.11$ ) and had the purpose of investigating the way their perceived level of stress and coping strategies were associated with depression anxiety and general stress. The data were collected using three self-report questionnaires: Strategic Approach to Coping Scale (SACS; Hobfoll et al., 1998), Perceived Stress Scale (PSS; Cohen et al., 1983) and Depression Anxiety Stress Scale (DASS; Lovibond & Lovibond, 1995). The results revealed that depression, anxiety and stress were significantly correlated with avoidance, assertive action and seeking social support.

© 2015 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Peer-review under responsibility of the Scientific Committee of PSIWORLD 2014.

*Keywords:* stress; coping; depression; anxiety; healthcare professionals

---

### 1. Introduction

Studies conducted during the past 30 years strongly support the idea of a significant connection between the stress experienced by health care employees and a multitude of symptoms and syndromes which lead to psychological and physical dysfunctions (Erlén & Sereika, 1997; Rodham & Bell, 2002). The pressure in health domain labor and occupational stress lead most often to burnout phenomenon installation, also leading to affecting and even disrupting the family lives of the employees (Ganster, & Schaubroeck, 1991; Cohen, Janicki-Deverts, & Miller, 2007).

---

\* Corresponding author. Tel.: 0040-721-261-281; fax: +0-000-000-0000 .  
*E-mail address:* [barbaracraciun@yahoo.com](mailto:barbaracraciun@yahoo.com)

Nica-Udangiu, Prelipceanu & Mihăilescu (2000) place the phenomenon of stress at the basis of crisis development, having the potential of triggering psychiatric symptoms which need to be approached. The same authors point out that despite the wide information available towards stress, it is difficult to resume to one strict definition to describe and explain it but they do point out that it is the only medical term which includes both the cause and effect of the patient's/subject's complaints. Among the most long – term and commonly used definitions of stress, the authors remind us of a rather medical one belonging to Guillemin (Nica - Udangiu, Prelipceanu & Mihăilescu, 2000) which described stress as a state translated through a specific syndrome corresponding to all non-specific modifications which occur upon biological system; the stress stimuli triggers a sequence of reactions namely the alert, the opposition and the exhaustion.

Dispenza (2008), author specialized in neuroscience, offers a complete and comprehensive description of stress, regarding its mechanisms and trajectory from the psychological stimulus towards the complex effects it triggers on a physical and chemical level within the human body. The author differentiates between the chronic and acute stress, a classification which we find to be crucial in approaching subjects confronting stress nowadays. The mentioned difference stands in the fact that acute stress is described as a short-term reaction which is rapidly solved and passed and which allows the body to return to its natural homeostasis in a rather quick way, having the opportunity to relax and let go of the challenging state of alert.

In other words, acute stress is a natural and useful reaction to threat or encountered problems which are inevitable. On the other hand, Dispenza (2008) brings to our attention that humans are unfortunately more affected by chronic stress. The author offers an explanation to support this fact: it seems that social humans are no longer allowed to choose between “fight or flight” so, as a consequence, we become continuously exposed to stress factors which we react to by anticipating, repressing, rationalizing and becoming worried or choose compromise in order to overcome different situations. Dispenza (2008) also brings to attention two aspects related to the stress humans are exposed to which we also find to be important to point out so that continuous seeking of solutions can be supported: 1) due to our brain construction which encompasses extremely numerous synaptic connections, we have the capacity to trigger stress by remembering past events, namely without being in contact with the concrete stimulus and 2) emotional stress, also among humans, has the capacity of triggering physical stress which is further connected to chemical stress, circle of effects which contributes to chronic effects and impairment of health and well-being.

The present study proposes the main objective of identifying and investigating the way in which stress and coping strategies correlate to the anxious-depressive symptoms assessed within a sample of participants, medical practitioners which conduct their professional activity within a private hospital in Bucharest.

## **2. Method**

### *2.1. Participants*

The study has involved the participation of 60 subjects, out of which 38 female and 22 male, medical personnel (physicians, medical nurses) employed in a private sector hospital from Bucharest, Romania. The participants have completed a brief questionnaire containing demographic data and instruments administered within our research design.

The obtained demographic information has shown that the 60 participants are aged between 27 and 55 years old, ( $M_{age} = 38.9$   $SD = 7.11$ ). A call of participation to the study has been displayed on the hospital's notice board. The participation was volunteer and requested the medical personnel to be employed in the hospital for at least one year, no matter the department or medical specialty. All participants received previous instructions and confidentiality of data they provided has been guaranteed.

### *2.2. Instruments*

The SACS is based on the multi-axial model of coping (Hobfoll, Dunahoo, Monnier, Hulsizer, & Johnson, 1998) that takes both individualistic and communal aspects of coping into account and moves beyond the individualistic perspective, considering social aspects of coping as well. The SACS has 52 items which are distributed to 9 subscales: Assertive Action, Social Joining, Social Support, Cautious Action, Instinctive Action, Avoidance,

Download English Version:

<https://daneshyari.com/en/article/1110362>

Download Persian Version:

<https://daneshyari.com/article/1110362>

[Daneshyari.com](https://daneshyari.com)